

**FIA-820
INSTRUCTIONS
FOR REQUESTING
REFUNDS**

This Exhibit provides instructions for completing a FIA-820, Support Collection Payment Request, to request refunds of child or child/spousal support collections and other collections sent to the State in error.

Entries on the FIA-820 must be typed or printed and must be legible to ensure processing by the Payment Control Section. Do not complete shaded areas.

Item Number	Item and Instruction
1	Central Office Use. Leave blank.
2	Load Number. Enter 999999.
3	Program. Enter "C" for requests for refunds of child or child/spousal support in FIP IV-D and FIP arrearage cases. Leave blank for other requests.
4	Co. No. Enter the two-digit county code where the client lives. Appendix A lists county codes.
5	Client's Name. Enter the client's name, last name first. On requests for refunds of child or medical support or blood test recoveries, enter the name of the custodial parent or guardian or FIP case grantee. On requests for refunds in foster care cases, enter the child's name. Also, list the child's date of birth in Item 33.
6	FIA Case Number. Enter the correct FIA case number. If the collection was reported with an incorrect FIA case number, list that incorrect number in Item 33. This assists the Department in locating the collection record. If collections were deposited in error on behalf of a family that never received assistance and there is no FIA case number, enter "None".
7-9	Leave blank.
10	Pay to. Enter a checkmark to indicate whether the refund is payable to the client, Friend of the Court, or for tax offset collections, to the taxpayer. Note: The Revenue and Reimbursement Division of DCH authorizes refunds of medical support to FOCs only.

- 10A **Payee Name.** Enter the name of the client, taxpayer or the Friend of the Court to whom the refund is payable
- If the payee is the Friend of the Court, enter the county name and "FOC"; e.g., Wayne FOC.
- If the payee is a taxpayer, enter the name as listed on the tax offset notice. List both taxpayer names if the offset was made from a joint return. Use "&" and initials if necessary to stay within the 20-character limit.
- 10B-E **Payee Address.** Enter the current and complete mailing address of the payee.
- 11 **FOC.** Enter the two-digit county number of the Friend of the Court. Appendix A lists county codes.
- 12 **FIPS Number:** Enter the seven-digit FIPS Code of the FOC. Appendix A lists FIPS codes.
- 13 **Court Case Number.** Enter the correct court order number.
- If the collection was reported with an incorrect court order number, list that incorrect number in Item 33.
- 14 **Payer Name.** Enter the full name, last name first, of the absent parent making support payments.
- 15 **Refund Reason.** Place a checkmark in the box next to the primary reason for the refund request.
- Refund reasons and definitions are as follows:
- FIP closed: Current child support collections deposited into the State's account covers a period of time from the decertification effective date to the end of the month of FIP closure. List the effective date of decertification as identified on the Support Certification Status Notice.
- Note:** CSES identifies current collections reported to the State after the month of FIP case closure and generates refund payment records.
- Person Off FIP: Current child support collections deposited into the state's account cover a period of time after the decertification effective date for a person removed from an FIP case. List the effective date of decertification as identified on the Support Certification Status Notice.

FIA

Overpaid: Collections payable to the family were misdirected to FIA. This includes child support arrearages deposited into the state's account in excess of the amount FIA can retain to offset assistance paid.

Account

Overpaid: The payer overpaid his account.

Note: For refunds requested due to overpayments, identify the most recent collections retained by the State that are sufficient to cover the amount of the overpayment.

Case Number

error: An error in the FIA case number or court case number resulted in the collection being deposited into State's account in error or applied to the wrong individual's account.

Coll. Type

Error: The collection type used to report the collection on the FIA-29, Financial Deposit Report, was incorrect. Example: A confinement expense recovery was incorrectly included in the child support amount reported in Item 4 of the FIA-29.

NSF:

Money deposited into the State account for which the payer's check was returned for non-sufficient funds.

Offset in

Error: A tax refund was offset in error.

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Type of Collection

16A

Child Support. Complete Item 16A if you are requesting a refund of child or child/spousal support. Enter a checkmark next to the box that identifies the type of collection requested for refund.

Note: Refund reasons "FIP Closed" and "Person Off FIP" apply to current collections. If you use either of those refund reasons in Item 15 and request a refund of an arrearage collection in Item 16A, you must explain the discrepancy in Item 33. For example, the collection requested for refund is current support that was misreported to CSES as arrearages.

16B

Other Collections: Complete Item 16B if you are requesting a refund of a collection other than child or child/spousal support. Enter a check-

mark next to the box that identifies the type of collection requested for refund (e.g., medical support, blood test recoveries, Title IV-E Foster Care or State Ward charge back). This must correspond with the collection type used to report the collection on the FIA-29, Financial Deposit Report.

- 17 **Reported to CSES.** Complete this item if you are requesting a refund of a child or child/spousal support collection. Check box to indicate whether or not the collection was reported to CSES Central Operations. Note in the box the mo/yr (month/yr) when the collection was reported to CSES.
- 18A **Collection.** Mo/Yr. Complete this item if you are requesting a refund of a child or child/spousal support collection. Enter the month and year of each collection requested for refund. List each month separately. Use the format MM-YY.
- 18B **Collection Period or Date.** Complete this item if you are requesting a refund of medical support, blood test, FIP-F or State Ward charge back (i.e., collections identified in Item 16B).
- List the date of the collection requested for refund, or, if you are requesting collections for several consecutive months, list the time period for which you are requesting a refund.
- 19 **Collection Amount.** Enter the amount of the collection(s) from which all or a portion is requested for refund.
- 20 **Amount of Refund Requested.** Enter the amount of the collection(s) requested for refund.
- The amount of a child or child/spousal support requested for refund should not exceed the amount of the collection retained by the State after payment of rebates, reimbursements and other refunds or IRS negative adjustments.
- 21 **Adjustment.** Leave blank. The Department will enter a negative adjustment in this item if the amount requested for refund exceeds the amount of the collection retained by the State and available for refund.
- 22 **Amount Approved.** Leave blank. If an adjustment appears in Item 21, this item will identify the amount authorized for refund from the collection.
- 23 **Totals.** Enter the total amount requested for refund in Item 23a. Leave 23b and 23c blank.
- 24-32 Leave blank.

- 33 **Additional Explanation.** Use this item to record the following information:
- If a collection was reported with an incorrect FIA case number and/or court order number, identify the incorrect number(s) in this item. List the correct FIA case number and court order number in Items 6 and 13 respectively.
 - If you are requesting a refund of a federal or state tax offset collection, list the taxpayer's social security number.
 - If you are requesting a refund of a foster care recovery (Title IV-E Foster Care or State Ward charge back), enter the child's date of birth.
 - If a child or child/spousal collection(s) requested for refund is over three years old at the time the refund is requested, identify:
 - the FIP case closure date if the case closed within the last three years, or
 - a child or child/spousal support collection that was sent to the State for the case within the last three years, or
 - the FIP administrative hearing decision that requires the refund of the collection(s).
- 34 **Authorized Signature.** Sign your name as requester.
- 35 **Agency.** Enter checkmark in the box next to "FOC".
- 36 **County.** Enter county name for your primary work location or county where the case is located.
- 37 **Phone Number.** Enter your phone number(s).
- 38 **Date.** Enter the date the form is completed.
- Distribution: Retain Part 3 of the FIA-820 in the case file. Send part 1 to the appropriate processing unit identified below.
1. Send requests for refunds of child and child/spousal support collections to:

Family Independence Agency
Payment Unit
Payment Control Section
P.O. Box 30025
7109 W. Saginaw
Lansing, MI 48909 - 7525

2. Send requests for refunds of medical collections including confinement expenses to:

Michigan Department of Community Health
Revenue and Reimbursement Division
P.O. Box 30435
Lansing, MI 48909

3. Send requests for refunds of blood test recoveries and non-FIP IRS refund recoveries to:

Family Independence Agency
Office of Child Support
P.O. Box 30478
Lansing, MI 48909-7978

4. Send requests for refunds of foster care recoveries to:

Family Independence Agency
Payment Unit
Payment Reconciliation Section
P.O. Box 30025
7109 W. Saginaw St.
Lansing, MI 48909-7525

**EXHIBIT 1 - FORM
FIA-820**

